



2131 IFW

TRANSMITTAL FORM		(to be used for all correspondence after initial filing)	
		Application No.	09/945,422
		Filing Date	August 31, 2001
		First Named Inventor	William W. Macy
		Art Unit	2131
		Examiner Name	Sheikh, Alyaz R.
Total Number of Pages in This Submission	30	Attorney Docket Number	42390P12386

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph Lutz, Reg. No. 43,765 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 10, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Marilyn Bass	Date	02-10-06
Signature			

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (vtr) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/945,422
		Filing Date	August 31, 2001
		First Named Inventor	William W. Macy
		Examiner Name	Sheikh, Alyaz R.
		Art Unit	2131
		Attorney Docket No.	42390P12386
TOTAL AMOUNT OF PAYMENT	(\$)	250.00	

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																													
1. EXTRA CLAIM FEES																																																																																																																													
<table border="0"><tr><td>Total Claims</td><td>28</td><td>-</td><td>27*</td><td>=</td><td>1</td><td>x</td><td>50.00</td><td>=</td><td>\$50.00</td></tr><tr><td>Independent Claims</td><td>4</td><td>-</td><td>3*</td><td>=</td><td>1</td><td>x</td><td>200.00</td><td>=</td><td>\$200.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		Total Claims	28	-	27*	=	1	x	50.00	=	\$50.00	Independent Claims	4	-	3*	=	1	x	200.00	=	\$200.00	Multiple Dependent																																																																																																							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765
Signature		Telephone	(310) 207-3800
		Date	02-10-06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/4) 12/15/2004.
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